



Notice of Recovery Manager Ceasing Management and Control and Request to Continue Operation under Class "R" or "RR" License

PART 1. RECOVERY MANAGER INFORMATION

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|--|--------|---------------|-------------------------|
| Full Legal Name of Recovery Manager: | | | Class "MR" License No.: |
| Residence Address: | | Phone Number: | |
| City: | State: | Zip Code: | E-mail: |
| Individual ceased management and control of the following <input type="checkbox"/> main or <input type="checkbox"/> branch location: Street Address: _____ City: _____ State: _____ Zip Code: _____ Date on which recovery manager ceased management and control of the above identified location: _____ (MM/DD/YYYY) | | | |
| Reason why recovery manager ceased management and control: <input type="checkbox"/> death (Date of Death _____) (MM/DD/YYYY) <input type="checkbox"/> unanticipated termination of employment (Date of Termination _____) (MM/DD/YYYY) <input type="checkbox"/> other | | | |

PLEASE NOTE: Pursuant to Section 65(b) of the Act, requests to continue operation under Class "R" or "RR" License cannot be granted if the recovery manager ceased management and control of the location as a result of a disciplinary action taken by the Illinois Commerce Commission.

PART 2. REPOSSESSION AGENCY INFORMATION

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|--|--------|---------------|------------------------|
| Full Legal Name or Trade Name of Class "R" License holder: | | | Class "R" License No.: |
| Business Address: | | Phone Number: | |
| City: | State: | Zip Code: | E-mail: |

PART 3. REQUEST TO CONTINUE OPERATION UNDER CLASS "R" or "RR" LICENSE

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|---|---|
| <p align="center">INSTRUCTIONS:</p> <p>If "death" or "unanticipated termination of employment" is checked in Part 1 as the reason why the recovery manager ceased management and control of the identified location, complete the rest of this section.</p> | <p align="center">INSTRUCTIONS:</p> <p>If "other" is checked in Part 1 as the reason why the recovery manager ceased management and control of the identified location, complete the rest of this section.</p> |
| <p>Pursuant to Section 65(b) of the Act, 225 ILCS 422/65(b),</p> <p>Request to continue operation under Class "R" or "RR" License for :</p> <input type="checkbox"/> 90 days <input type="checkbox"/> additional 90 days Provide a reason why an extension of an additional 90 days is sought: _____ _____ _____ | <p>Pursuant to Section 65(c) of the Act, 225 ILCS 422/65(c),</p> <p>Request to continue operation under Class "R" or "RR" License for :</p> <input type="checkbox"/> 90 days |



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PART 3. VERIFICATION

The undersigned certifies that all information presented in this notification is true, correct, complete and that copies of any documents presented to the Commission as part of this notification are genuine. This certification is made under oath and under penalty of perjury. It is understood that knowingly making a false statement on this notification will result in the suspension or revocation of the license.

With respect to business entities holding a Class "R" License, verification must be made by a partner, member or corporate officer on behalf of the license holder.

SIGNATURE

Name (Printed):

Signature:

Date:

APPLICATION INSTRUCTIONS

1. The Notice of Recovery Manager Ceasing Management and Control and Request to Continue Operation under Class "R" or "RR" License form, or photocopies of this form, must be used. Incomplete or incorrect notifications shall be refused or rejected by the Commission.
2. No fee is required to file this form.
3. Submit this form to:

Illinois Commerce Commission
ATTN: Processing and Information
527 East Capitol Avenue
Springfield, Illinois 62701